

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18128

State File No. _____
Registrar's No. 259-A

FILED MAY 27 1945
Registration District No. 2001

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Gaspey
(b) City or town Gaspey, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp. Gaspey -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

LAURA Ellen Love

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 25, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 10 hr. _____ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Turner
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Andrews
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mary Wigan
(b) Address 2415 Peace, Gaspey, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem. McJannet Co.

18. (a) Signature of funeral director W. J. Turner
(b) Address W. J. Turner, 2415 Peace, Gaspey, Mo.
19. (a) 5-5-43 (Date received local registrar) (b) H. J. Turner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Rocky Comfort, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 8 minute 00 A. M.
21. I hereby certify that I attended the deceased from May 2nd to May 5th, 1943
that I last saw him alive on May 4th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Pneumonia

Due to Bronchial Pneumonia 2-4 weeks

Other conditions 93%
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury 1
Signature J. J. Turner (M. D. or other) 1
Address Gaspey, Mo. Date signed 5/7/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

42-5-442

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Wm. Morris Roper

Licensed Embalmer No.

7142

P. O. Address.....

Wheeler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.